

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Ralph Rodriguez	COURT CASE NUMBER 7:22-cv-10056-PMH
DEFENDANT Burnett et al	TYPE OF PROCESS Summons & Complaint
<b>SERVE AT</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN C.O. Johnathon Franco, Badge # 13-38 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Green Haven Correctional Facility 594 Route 216 Stormville, NY 12582-0010	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Ralph Rodriguez 17-A-0928 Fishkill Correctional Facility P.O. Box 307 Housing Unit 9-1 Beacon, NY 12508	Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):	

Signature of Attorney other Originator requesting service on behalf of: <i>Tamuj Arora</i>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 5/2/2023
---	--	------------------	------------------

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 21/22	District of Origin No. 054	District to Serve No. 054	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 8/14/2023
---	------------------------	-------------------------------	------------------------------	--	-------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 8/16/23	Time 3:05	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy <i>[Signature]</i> 32132		

Costs shown on attached USMS Cost Sheet >>

REMARKS <i>Not on current duty roster, would not accept.</i> <i>5 hrs x \$65 = \$325</i> <i>146 miles x \$.655 = \$95.63</i> <i>\$420.63</i>	S.O. OF M.A. S.O. OF M.A. S.O. OF M.A.
--	--